

What to Know Before You Go: Substance Misuse Among Pregnant Women



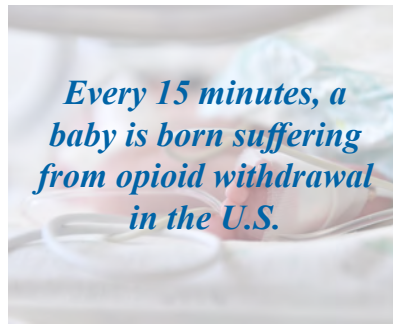
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Early Childhood Health and Wellness

School Readiness Begins With Health

Substance misuse, including the use of inappropriate drugs and the improper use of prescription medications, can cause serious problems for both an pregnant woman and her baby, and it can even lead to death.

The use of certain substances during pregnancy is on the rise. Specifically, the use and misuse of prescription opioids during pregnancy has reached epidemic proportions.



Opioid misuse during pregnancy can have serious consequences for an unborn baby and for an pregnant woman's ability to parent once the baby is born. This document contains information for home visitors on how to work with expectant families who may be misusing substances.

Substance Misuse: The inappropriate use of alcohol or drugs, whether the substances are legal or illegal. This includes: 1) using a prescription medication without a prescription for it; 2) using a medication prescribed for someone else; or 3) using a prescribed medication in greater amounts, more often, or longer than prescribed.

According to the National Institute on Drug Abuse, every 15 minutes a baby is born suffering from opioid withdrawal in the United States.

All women should talk with their health care professional about any substance misuse during pregnancy. When a pregnant woman is misusing substances, the correct course isn't always simply to stop. For pregnant women who are misusing opioids, quitting suddenly, sometimes referred to as cold turkey, can harm a baby and is not recommended. These women should talk with their health care professional right away: there are medications that are safe for baby that can help them manage their addiction.



As home visitors, you may be in a unique position to identify substance misuse among pregnant women or among people in their homes and to help connect them to community resources, creating a better outcome for both the woman and her baby.

Although these resources focus on inappropriate drugs and the misuse of prescription medications, it is important to note that alcohol and tobacco also pose significant dangers during pregnancy.

Drugs During Pregnancy: Statistics and Facts

Substance misuse is dangerous for a pregnant woman and her baby, yet according to the American College of Obstetricians and Gynecologists (ACOG), 1 in 20 (or 5% of) women use inappropriate drugs (sometimes called "street drugs") during pregnancy. Common inappropriate drugs include:

- Cocaine
- Ecstasy
- Methamphetamine
- Heroin and other opioids
- Marijuana (though sometimes legal, this can be harmful during pregnancy)
- Prescription medications used incorrectly
- Alcohol

These drugs have been linked to a host of problems, including

- Preterm labor and preterm birth
- Placental problems
- Miscarriage
- Stillbirth

- Low birthweight
- Heart and other birth defects

Babies born to women who use these drugs also often have problems during infancy and later in life. These can include

- Sudden Infant Death Syndrome (SIDS)
- Growth that is slower than normal
- Learning problems
- Behavior problems

Opioids

The use (and misuse) of opioids (a type of painkiller), prescription and nonprescription, is growing rapidly in the United States.

Prescription opioids are medicines used to relieve pain after surgery or caused by an injury. They include several drugs that may sound familiar: codeine, oxycodone (or “oxy”), hydrocodone, morphine, and fentanyl.

Sometimes opioids during pregnancy are indicated. However, problems can arise when a pregnant woman doesn’t take them exactly as prescribed.

Opioids are highly addictive. Sometimes people who are addicted to prescription opioids move on to heroin, which is also an opioid.

Misusing opioids during pregnancy can cause serious problems for baby at birth, during infancy, and sometimes even later in life. These can include

- Poor fetal growth and low birth weight.
- Preterm birth.
- Stillbirth.
- Neonatal Abstinence Syndrome (NAS). A baby with NAS is born with drug withdrawal symptoms that can cause serious problems such as difficulty breathing, feeding problems, and seizures.
- Cognitive and motor (or physical) delays in development.

Ways to Keep Baby Safe

- Pregnant women should always make sure that any doctor they see during pregnancy knows that they are pregnant. Encourage expectant women to ask their doctors how a drug might affect their growing baby before taking it.
- Even if an expectant woman uses an opioid exactly as prescribed by her health care provider, it still may cause NAS in her baby. Pregnant women using opioids should talk with their health care provider immediately and never stop taking an opioid before talking with their health care provider first. Quitting opioids suddenly (sometimes called cold turkey) can cause serious problems for baby.



- Medications are available that can help reduce addiction to opioids but that are safe for baby. Methadone treatment is considered the standard of care for pregnant women addicted to opiates. It can reduce cravings and withdrawal symptoms, and it can possibly reduce opiate misuse during the pregnancy. This approach can still lead to a baby born with NAS. Withdrawal symptoms in babies typically begin within 24 to 72 hours after birth and can last up to 5 days. Buprenorphine and Naloxone can also be used as treatments for pregnant women addicted to opiates.

Early identification of opioid misuse among pregnant women and those using other substances improves both maternal and infant outcomes. Screening questions from the ACOG “Opioid Abuse, Dependence, and Addiction in Pregnancy” may be useful to keep in mind as you conduct your visits.

The Role of the Home Visitor

As a home visitor, you have many opportunities to observe and learn about pregnant women and expectant families in ways that other professionals don't. This role can provide you with a window into the real-life circumstances and needs of the families in your care, and it can be especially helpful when it comes to identifying issues of substance misuse and supporting families in getting help. Pregnancy can be a period of hope and positive change for many women.

Pregnancy may be a motivator to change unhealthy behaviors, but the pregnant woman's feelings toward her pregnancy can also drive her desire (or lack thereof) to change.

Being in the home and assessing preparations for baby's arrival can be indicators to you, the home visitor, of an pregnant woman's attitude toward her pregnancy.

Nonjudgmental, open-ended questions about a woman's feelings about pregnancy and about pre-pregnancy substance misuse may be useful in connecting with women on this issue. It is also important to learn what resources are available to pregnant women and their families with substance dependency in your community. Reaching out to these programs to clarify eligibility requirements will arm you with useful information when exploring these issues with families.

Use the following guidance to prepare for engaging expectant families in conversations about substance misuse:

Focus on information.

- **Know your agency's policies and procedures.** What are your agency's protocols when it comes to working with families who may be misusing substances, and what staff development training is available to you to prepare you for working with such families?



- **Gather resources.** Consider answers to the following resource questions:
 - What are some local resources you may be able to connect this family with if you are concerned about a problem with substance misuse in the home?
 - If a new baby in the home is experiencing withdrawal, what local resources are available to help the family? Does the baby qualify for early intervention services immediately?
 - If you're concerned about mental health, what services may be available to the family?
 - Are there local parenting groups or other support groups that may help the family and support their adjustment to life with baby?
 - How can you, as a home visitor, learn more about relevant community resources?
 - If access to providers or transportation is a challenge for your families, what agencies, resources, or activities can help overcome those challenges?
- **Know the reporting laws in your state.** There are many complex issues to consider, such as
 - How many children are in the home? If substance misuse is a possibility, is it currently affecting the pregnant woman's ability to care for her children? Is her unborn baby the only child at risk?
 - Is substance misuse by others in the home putting the pregnant woman or the family's other children (or both) at risk?

- What do the child welfare laws in your state say regarding substance misuse disorders and parental custody?

These laws vary and the issue of reporting can be challenging for a home visitor. Understand your state's laws and how your agency handles reporting, and identify who you can turn to for support, should you need it.

- **Learn about local mental health resources.** Many (up to 60%–70%) people who use inappropriate drugs have a co-occurring mental disorder. Determine what resources, programs, and other forms of support are available in your community. In addition to community resources, investigate national organizations that may have local chapters near you. These may include [National Alliance on Mental Illness](#), [SMART Recovery](#), and more.

Focus on approach.

- **Be mindful of the stigma or the shame (or both) associated with mental disorders as well as substance misuse.** Approach these issues from a strengths-based perspective, by pointing out that all parents want the best for their children and that receiving support is a great parenting decision. You might also share that good parental health is the foundation for building a healthy family.
- **Consider the strengths and needs of the family you will be visiting.** If this is a family you have already been working with, think back to your last visit with them. Were there any red flags or concerns about possible substance misuse? What family strengths or healthy life choices can you recognize and validate for the parents?

Use pregnancy as an anchor. Pregnancy is a time when women are more likely to make positive health changes. Does the pregnant woman you're working with seem ready and willing to make a change? Where does she fall on the [Stages of Change model](#)?

Focus on you!

- **Look for learning opportunities, including topics such as motivational interviewing.** Role playing difficult conversations and practicing [motivational interviewing skills](#) can be especially helpful when tackling challenging topics such as substance misuse. Consider asking experienced colleagues for guidance when planning for these conversations.
- **Establish your own sources of support.** Who can you, as a home visitor, access for support and guidance when partnering with families facing complex problems, such as substance misuse? For example, is reflective supervision offered in your agency? Is peer coaching or mentoring a possibility?
- **Consider your own safety.** Always be aware of and have a plan to protect your own safety. Avoid visiting homes at night, always know who is in the home, and consider whether a visit arranged for somewhere outside the home might be safer.



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